

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on September 3, 2003.

I. DISPUTE

Whether there should be additional reimbursement and reimbursement for CPT Codes 95925, 95900, 95935, 95904, 99070-ST, A4550-AS, 92298, 99499-RR, J3490-M2, J3490-DM, J3490-B, J3490-U, 99215-25, 99070-ST and 20550 for dates of service 10/04/02 through 11/22/02.

II. RATIONALE

- CPT Code 95925 for date of service 10/4/02 denied as “N—Submitted documentation does not support reimbursement for physician/entity noted in Box 31 of HCFA. Please resubmit the bill/documentation with person rendering service(s)”. Requestor submitted a HCFA showing corrected billing. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (IV)(D) and CPT descriptor, submitted relevant information supports documentation criteria. Reimbursement in the amount of \$175.00 is recommended.
- CPT Code 95900 (4 nerves) for date of service 10/4/02 denied as “N—Submitted documentation does not support reimbursement for physician/entity noted in Box 31 of HCFA. Please resubmit the bill/documentation with person rendering service(s)”. Requestor submitted a HCFA showing corrected billing. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (IV)(D) and CPT descriptor, submitted relevant information supports documentation criteria. Reimbursement in the amount of \$256.00 is recommended (\$64.00 x 4).
- CPT Code 95935 (2 “F” studies, 4 “H” studies) for date of service 10/4/02 denied as “N—Submitted documentation does not support reimbursement for physician/entity noted in Box 31 of HCFA. Please resubmit the bill/documentation with person rendering service(s)”. Requestor submitted a HCFA showing corrected billing. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (IV)(B)(a-e) and CPT descriptor, submitted relevant submitted relevant information supports documentation criteria. Reimbursement in the amount of \$318.00 is recommended (\$53.00 x 6 studies).

- CPT Code 95904 (4 nerves) for date of service 10/4/02 denied as “N—Submitted documentation does not support reimbursement for physician/entity noted in Box 31 of HCFA. Please resubmit the bill/documentation with person rendering service(s)”. Requestor submitted a HCFA showing corrected billing. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (IV)(B)(a-e) and CPT descriptor, submitted relevant submitted relevant information supports documentation criteria. Reimbursement in the amount of \$256.00 is recommended (\$64.00 x 4 nerves).
- CPT Code 99070-ST for date of service 11/15/02 denied as “N—In order to review this charge we need a copy of the invoice detaining the cost to the provider”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (V)(B)(1) submitted relevant information supports DOP criteria. Reimbursement in the amount of \$250.00 is recommended.
- HCPCS Code A4550-AS for date of service 11/15/02 denied as “F—reimbursement is being withheld as this procedure is considered integral to the primary procedure billed”. The insurance carrier used the denial code of “F – fee guideline MAR reduction” as unbundling or global; therefore the insurance carrier incorrectly denied the disputed HCPCS code. However, per the 1996 Medical Fee Guideline, Surgery Ground Rule (V)(B)(2) reimbursement is not recommended.
- CPT Code 62298 for date of service 11/15/02 denied as “F – submitted documentation indicates that the listed service does not meet the criteria identified in the Fee Guideline Ground Rules and/or code description for reimbursement”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(4)(c) the requestor did not submit relevant information (LESI procedure report) to support delivery of service. Reimbursement is not recommended.
- CPT Code 99499-RR for date of service 11/15/02 denied as “M – reduced to fair and reasonable”. Per Commission Rule 133.1(a)(8)(B) requestor has not submitted relevant information to support additional reimbursement. Additional reimbursement not recommended.
- HCPCS Code J3490-M2, J3490-DM, J3490-B, and J3490-U for date of service 11/15/02 denied as “F—reimbursement is being withheld as this procedure is considered integral to the primary procedure billed”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(4)(d) requestor has not submitted relevant information (LESI procedure notes) to support DOP criteria. Reimbursement is not recommended.

- CPT Code 99215-25 for date of service 11/22/02 denied as “F—An evaluation and management code is only reimbursable if documentation indicates the starred procedures was not the major service”. Per the submitted HCFA-1500 and CPT code descriptor the major service was CPT code 20550 is a starred procedure. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(A)(1)(c) submitted relevant information supports reimbursement in the amount of \$103.00.
- CPT Code 99070-ST for date of service 11/22/02 denied as “H – reimbursement is based upon half of the fee amount pending decision of audit or review”. Per the relevant information submitted by both parties, Medical Dispute Resolution is unable to determine if the insurance carrier has performed the audit; however, per the 1996 Medical Fee Guideline, Surgery Ground Rule (V)(B)(1) requestor did not submit relevant information to support DOP criteria. Additional reimbursement is not recommended.
- CPT Code 20550 (25 injections) for date of service 11/22/02 denied as “H – reimbursement is based upon half of the fee amount pending decision of audit or review”. Per the relevant information submitted by both parties, Medical Dispute Resolution is unable to determine if the insurance carrier has performed the audit; however, per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(4)(b) submitted relevant information supports additional reimbursement. Reimbursement in the amount of \$260.00 (amount in dispute) is recommended (\$520.00 - \$260.00).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 95925, 95900, 95935, 95904, 99070-ST, A4550-AS, 92298, 99499-RR, J3490-M2, J3490-DM, J3490-B, J3490-U, 99215-25, 99070-ST and 20550 in the amount of \$1,618.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,618.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
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